

## ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Insurer Name: Direct National Insurance Company

NAIC Number: 23736

Name of Advisory Organization Whose Filing You are Referencing: N/A

Co. Affiliation to Advisory Organization: Member \_\_\_\_\_ Subscriber \_\_\_\_\_ Service Purchaser \_\_\_\_\_

Reference Filing #: N/A Proposed Effective Date: 03/01/06

Contact Person: Philip Deal

Signature: \_\_\_\_\_

Telephone No.: (615) 399-5378

			For Loss Costs Only				
(1) Line of Insurance by Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Cost (if Applicable)	(8) Co. Current Loss Cost Multiplier
Bodily Injury	N/A	N/A					
Property Damage	N/A	N/A					
Uninsured Motorists - BI	N/A	N/A					
Uninsured Motorists - PD	N/A	N/A					
Underinsured Motorists	N/A	N/A					
Personal Injury Protection	N/A	N/A					
Medical Payments	N/A	N/A					
Comprehensive	N/A	N/A					
Collision	N/A	N/A					
Rental/Towing	N/A	N/A					
Total Overall Effect	N/A	N/A					

N/A Apply Lost Cost Factors to Future Filings? (Y or N)

N/A Estimated Maximum Rate Increase for any Arkansas Insured (%)

N/A Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

5 Year History								Selected Provisions
Year	Policy Count	Rate Chg. %	History Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	A. Total Production Exp. 0.0%
<u>1999</u>	<u>0</u>	<u>0</u>		<u>0</u>	<u>0</u>	<u>0%</u>	<u>0%</u>	B. General Expense 0.0%
<u>2000</u>	<u>0</u>	<u>0</u>		<u>0</u>	<u>0</u>	<u>0%</u>	<u>0%</u>	C. Taxes, License & Fees 0.0%
<u>2001</u>	<u>0</u>	<u>0</u>		<u>0</u>	<u>0</u>	<u>0%</u>	<u>0%</u>	D. Underwriting Profit & Contingencies 0.0%
<u>2002</u>	<u>0</u>	<u>0</u>		<u>0</u>	<u>0</u>	<u>0%</u>	<u>0%</u>	E. Other (explain) _____
<u>2003</u>	<u>0</u>	<u>0</u>		<u>0</u>	<u>0</u>	<u>0%</u>	<u>0%</u>	F. TOTAL 0.0%